

EDITORIAL

A Voice for Medicine in the West

THE WESTERN JOURNAL OF MEDICINE is being published by the California Medical Association as a voice for medicine in the West. It has been more than five years since the Council of the association directed the editors of CALIFORNIA MEDICINE to point toward the publication of a truly regional medical journal. The need for such a journal is obvious enough, and it has now come into being.

THE WESTERN JOURNAL OF MEDICINE is not really a new journal. Rather it is a natural outgrowth of a distinguished predecessor, CALIFORNIA MEDICINE, which felt that there was a larger job to be done. The three western coastal states have ten schools of medicine, and their medical associations have proven records of innovation and successful accomplishment. The vitality and achievements in science, education and practice which are the hallmarks of medicine in the western United States now need a stronger presence in the medical literature which records and shares advances and progress with the medical community in the nation and indeed the world. THE WESTERN JOURNAL OF MEDICINE hopes to give medicine in the West this presence and this recognition.

The opportunity is great and there is much to be done. The editors cannot do it alone. We are proud of the new Editorial Board. But we need and solicit the help of the medical community, the medical associations, the medical schools, the allied health professions, and especially physicians and physicians-to-be in research, academia, practice, and in the economics and politics of medical care. With the kind of help that should be available in this virile and vital region of the United States, THE WESTERN JOURNAL OF MEDICINE should indeed become a voice for medicine in the West. Let us do what needs to be done—together.

The Ubiquitous Adenovirus

IN THE MORE THAN 20 years since it was first isolated, the adenovirus has established a number of virologic firsts: the first agent to be isolated from tissue explants;¹ the first of the "new" viral agents to be harnessed into an effective virus vaccine;² the first viral agents isolated from humans capable of producing a tumor in animals;³ and the first viral agent responsible for urinary tract disease.⁴ A special conference entitled "Potpourri of Adenoviral Infection" published elsewhere in this journal therefore seems appropriate and worthy of additional comment.

It was in 1953 that adenovirus was isolated from tissue explants and from patients with respiratory illness.¹ Thus adenovirus isolation was an early, important clinical result from the momentous discovery of Enders, Weller and Robbins that viruses may easily be propagated in culture cell lines—a discovery which led to numerous scientific contributions and opened the door to the golden age of virology.

The adenovirus was soon found to be the etiologic agent for a variety of clinical syndromes. An important contribution in those early years was the discovery that acute respiratory disease (ARD), a common illness among military recruits, was caused by adenoviruses.⁵ While this important etiologic and epidemiologic work was going on, concurrent work in the laboratory identified their biologic, physicochemical and immunologic properties. It was this information which made it possible to characterize human adenoviruses into 31 distinct immunological types. It was soon discovered, however, there was a common immunologic protein in all of these adenoviruses which made possible species identification on the basis of a simple complement fixation test.

Much of the early enthusiasm and intensive work on adenoviruses was based on the assump-